

STATE OF COLORADO

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Data entry timeliness a difficult indicator for agencies to meet

Data entry timeliness is one of the administrative indicators added to the quarterly reports in 2010. Many providers struggle to meet this indicator of entering 90% of all procedures into eCaST within 30 days of the procedure date. By entering data into eCaST quickly, an agency can do a better job tracking their budget. Also, reports 22 (Incomplete Cases Not Yet Paid by WWC), 84 (Breast Procedure Follow-Up) and 85 (Cervical Procedure Follow-Up) can be helpful when data is in eCaST but not if the data is not there.

During the April 2012 HIT call many of you shared some tips for improving data entry timeliness:

- train a volunteer to assist in data entry
- share the responsibilities with the team, rather than having all of the program responsibilities residing with just one individual
 - 2-3 individuals enter most of the screenings into eCaST, while the other two employees enter most of the data related to diagnostics and follow-up
 - have nurses do the clinical data entry
- educate the local hospital (or any subcontractor) regarding the core indicators, so they understand the importance of receiving results in a timely manner
- alternate days working on the floor followed by data entry day
- use an Excel spreadsheet to track clients' progress through the program
- develop written procedures, in case key personnel should leave
- call Amanda Howard if assistance is needed
- ensure that cases are closed in eCaST in a timely manner by running reports 84 and 85, particularly if an agency is using some other tracking system to move clients through the process
- run Report 81 to see how many outstanding cases are still in eCaST
- share agency's progress report with the staff, particularly noting any red indicators in data entry timeliness
- communicate to staff that the indicators are ultimately linked to an agency's WWC funding